



world of work

SELF GENERATED WORK PLACEMENT REQUEST FORM

School Name:	
Work Placement Dates:	
Student's Name:	Date of Birth:
M/F (Please Circle)	Tutor/Form Group:
Company Name:	
Address:	
Post Code:	
Telephone No:	Mobile:
Email Address:	
Is student to be located at this address? YES/NO (please circle) If no, please provide address of placement;	
Name of Contact:	Position/Job Title:
Placement Title (e.g Admin Assistant)	
Duties to be carried out by student:*	
Working Days and Times	
Meal Breaks	
Clothing Required/ Dress Code	
As EMPLOYER LIABILITY INSURANCE is mandatory , could you please complete details:	
Name of Insurance Company	
Policy No.	Expiry Date
TO BE COMPLETED BY EMPLOYER:	
I confirm that my company has both Public and Employer Liability Insurance, which cover students for Work Experience/ Work Related Learning and have attached a copy of the ELI certificate.	
Name: (Block Capitals)	Signature:
Position Held:	Date:

Employers who have not previously provided Work Placements through NWES WoW **must agree to a visit prior to the placement, to ensure that their Health & Safety provision is in line with appropriate legislation** – Health & Safety (Young Persons) Regulations 1999, Education (Work Experience) Act 1973/1996, amended by the School Standards & Framework Act 1998. Regular checks thereafter will be arranged via NWES WoW with the employer. Should we require a copy of your Risk Assessments we will also be in touch to request relevant documentation in line with HSE guidance.

*Please note the employer is responsible for informing Nwes WoW of any changes to the above information.

www.nweswow.co.uk